**APPENDIX 2**

**Planned Deviation Report Form**

|  |  |
| --- | --- |
| **Patient sticky label** |  |
| Deviation requested by |  |
| Date |  |
| Which protocol, policy or nursing care plan will the deviation take place from? |
| Detail of deviation: |
| What, if any, are the consequences/benefits of this deviation? |
| Has this deviation been documented in the case notes of the patient affected?\*Has this deviation been discussed with the patient? | YesYes | NoNo |
| Has an incident report been completed? | Yes | No |
| \*If you have answered **no,** please describe briefly why: |
| Approved by:Date/time: |

**Please forward a copy of this form to: OxBMT/IEC Programme Quality Manager**